LA HAP Frequently Asked Questions: updated 3/24/15

The newest and most recently updated FAQs appear highlighted.

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LA HAP services and eligibility

What's the difference between LA HAP, HIP, L-DAP and ADAP?

LA HAP, the Louisiana Health Access Program, is a healthcare cost assistance program divided into two parts: the Louisiana Drug Access program (L-DAP), which pays for **drug costs** for uninsured clients or drug copays and coinsurance for insured clients; and the Health Insurance Program (HIP) which pays for **medical** cost-shares for insured clients. Another way of looking at it: an insured client who requests full assistance is both a HIP and an L-DAP client, and an uninsured client who requests full assistance (which for uninsured clients, means only medication services) is only an L-DAP client. Both L-DAP and HIP clients are LA HAP clients.

ADAP stands for AIDS Drug Assistance Program. Every state has their own ADAP. Louisiana no longer uses the name ADAP and now calls their program LA HAP, which covers all of the old ADAP services and more.

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Can a client sign up for HIP before having insurance?

No. In order to be approved for HIP a person either has to have active insurance or be newly signed up for insurance and requesting an initial premium payment from HIP. Typically, insurance plans (including all Marketplace plans) will allow someone to sign up for insurance but pay their first premium at a later date. So, a client can sign up for insurance and then fill out the LA HAP insurance add/change form to apply for HIP premium and cost-share assistance. If approved, HIP can pay the initial premium and future premiums directly to the insurer.

Use this chart to make sure you're submitting the correct paperwork when you apply.

Remember that HIP cannot directly reimburse the client for any money they may pay to the insurance company.

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Can a client sign up for any LA HAP services if they don't have insurance?

Yes. In Step 1, Question 1 of the LA HAP application, a person can select the type of assistance they need. LAHAP provides 4 types of assistance:

1) insurance premium assistance;
2) insurance medical copay and deductible assistance;
3) insurance drug copay and deductible assistance;
4) medication assistance only.

The first three services are only available to people with insurance. The 4th option is for uninsured clients. Unlike insured clients, who can get assistance with their health care costs including services unrelated to HIV, uninsured clients can ONLY have assistance with HIV medication costs.

Use this chart to make sure you're submitting the correct paperwork when you apply.

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What if I just want to fill out an ADAP application for my client?

Use the LA HAP application. An important thing to remember is that we have had both name and programmatic changes over the last few years. The first change in that we no longer have a program call "ADAP". The term ADAP refers to a specific funding source from HRSA (the federal Health Resources and Services Administration). ADAP funds from HRSA can be used to provide both medications to uninsured clients as well as insurance services to clients who have insurance. To reduce confusion we changed the name of our programs in 2013. L-DAP, the Louisiana Drug Assistance Program, now covers both insured and uninsured drug services. Our Health Insurance Program, HIP, covers premium costs and medical cost share. To apply for any or all of these services, you would complete a LA HAP application.

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Didn't the HIP office use to be in Baton Rouge? Has it moved?

Although the Louisiana Office of Public Health runs LA HAP and processes enrollment for all services at their office in New Orleans, they contract with two organizations to help manage the different components of their program. Ramsell is the Pharmacy Benefits Manager for L-DAP clients. HAART Inc., a community based organization in Baton Rouge, houses HIP. Their office manages premium and cost-share payments for clients. If you have questions about HIP enrollment, they should be directed to LA HAP in New Orleans but any questions about billing should go to HIP in Baton Rouge.

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Will LA HAP help me with any insurance plan I buy?

LA HAP can help cover expenses with any insurance plan that has adequate prescription drug coverage. "Adequate prescription drug coverage" means the plan covers at least one drug from every class of core

antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS. All Marketplace plans are considered adequate coverage EXCEPT for Bronze plans.

This means that LA HAP can pay premiums, cost-shares and deductibles for Silver, Gold and Platinum plans if you apply and are approved for all these services. For Bronze plans, LA HAP CAN cover cost-shares but CANNOT cover premiums. Keep in mind that even if you have a Bronze plan with a premium of $0, if any situation results in a premium increase (such as a change in your income) LA HAP will not cover those premium costs.

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Completing the LA HAP application

I've been told by LA HAP that I need another document in order for my client's application to be complete, but my client will be out of medication soon. Will my client have to wait until the application is approved to get their medication?

Yes. Please do your best to make sure the application is complete when submitted to avoid treatment interruption, and call LA HAP staff if you have questions about completeness. If your client will run out of medication in the next 48 hours, you can also complete a Priority Approval Request form.

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If any of my client's personal information changes and they submit the Information Add/Change form to LA HAP, do they also need to contact HIP separately and let them know?

No. All enrollment information, including changes and updates, are processed by the LA HAP staff at SHP in New Orleans. LA HAP staff then relay insurance information to the HIP office in Baton Rouge as needed.

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Do I need to attach the entire Summary or Schedule of Benefits to my application?

No - LA HAP no longer needs a copy of the SOB in your application, unless they specifically ask for it. LA HAP will not ask unless it is a very unusual or unique plan for which they don't already have the plan SOB on file.

Please remember that you should still use the SOB for your own purposes in filling out step 8 of the application as completely as possible.

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When the application asks for "household income," is that to include the ENTIRE household income (including domestic partnerships or roommates) or only those persons related by blood or marriage?

If you look at Step 4 on page 2 you will see that Household is considered all persons related by blood, state-defined legal marriage, and/or legal adoption living in the same dwelling. Household size does not include "common law" spouses, girlfriends, boyfriends, partners, or significant others. A legally married couple that are separated and are not living together will be considered separate households. Domestic partners and roommates should not be included. Same-sex partners should also not be included since Louisiana doesn't recognize the legality of same-sex marriage. This definition of household is applied both to Step 4 on Page 2 and Step 6 on Page 3 of the application.

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My client has Medicare Parts A, B and D, but only is requesting assistance for Part D. Do we need to fill in their Part A and B insurance information in the LA HAP application?

It's not necessary to enter the Medicare Part A and B information in the insurance section of the application if the client is only applying for help with Part D. But, there is no problem if it has already been filled out. LA HAP will accept the application either way.

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How do I know the status of an application?

If you or your agency have access to the Ramsell system, you can check the application status under the "eligibility" tab of your client's profile. The day your application is received by LA HAP, this information will be entered in the "Application First Received" field. The next time Ramsell will be updated is when LA HAP staff are able to process your application in the order it was received. If you do not see any information in Ramsell aside from the "Application First Received" field, it means that your application is still in line.

If an incomplete application is received, a follow up fax requesting the missing information or documentation will be sent back to the provider who sent the application.

If you do not have access to Ramsell, you may call LA HAP for a status update.

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Can LA HAP communicate with me via phone instead of fax to tell me about incomplete applications?

LA HAP staff have the option to call you to resolve small issues. However, either way they will fax you to inform you of the problem. This way, a written record exists of all communication and allows staff to track the status of an application.

Please keep in mind that the LA HAP office processes thousands of applications, which explains why LA HAP staff will not try to call you repeatedly to resolve an issue as they will be moving on to the next application to help prevent backlog.

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What kind of insurance documentation do you need attached to my application?

Until further notice, the only insurance documentation needed is a copy of the current premium statement, premium invoice, **OR** premium coupon booklet if someone is requesting premium assistance **for the first time on a new non-employer plan**. In other situations, you just need to ensure that you have filled out the insurance information section of your application as completely as possible. If you do not yet know your Member ID/Policy Number and (if applicable) Group Number, send that information to LA HAP as soon as you receive it from your insurance company. It won't affect the processing of your application.

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I get health insurance through my employer and I've never seen a premium invoice. Do you really need that for my application?

For clients who are ensured through their employer, LA HAP does not require a premium invoice. Instead, make sure your employer completes the Employer HR Form and sends it to LA HAP.

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How do I find out if my insurance plan has a drug benefit cap or maximum?

A drug benefit cap or maximum is the maximum amount of money that an insurance company will pay toward your prescription costs over a certain time period (monthly, yearly, etc.). The Schedule of Benefits for your plan should contain this information. Your insurance company sends this to you after you enroll in a plan (not to be confused with a Summary of Benefits, a shorter and less detailed document you can look at while applying for insurance). You can also find it online if you have an online account with your insurance company. Unless the SOB specifically states that there is a cap, you can assume that there isn't one. Most plans considered "adequate coverage," including all the Marketplace plans, don't have drug benefit caps.

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I have Medicare, and the application instructions say I need to apply for LIS before I can finish my application. How do I do that?

LA HAP requires Medicare Part D clients to apply for the Low Income Subsidy, also known as "Extra Help," so we can ensure that we have found all financial resources available to pay for healthcare before using LA HAP's relatively limited resources. Once you have your Medicare Part D plan, apply for LIS here. You can also call the Social Security Administration at **1-800-772-1213** for a paper application or to make an appointment. If

you are deaf or hard of hearing, you can call their toll-free TTY number **1-800-325-0778.** It may take several weeks for your application to be processed. In the meantime, you can still send in your LA HAP application for approval. LA HAP can still approve you for uninsured drug services until you receive an answer about your LIS.

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Priority Review Requests

My priority review request was rejected because LA HAP said my client isn't treatment adherent, but they ARE treatment adherent. What's going on?

When they receive a priority review request form, LA HAP staff check its eligibility first by checking whether the client has accessed services in the past 2 months. Sometimes, from the records, it may look like the client is not treatment adherent. Some examples:

- Your client is a Medicare client who went through the Part D donut hole and Medicare is now paying 100% of their drug costs, meaning that when LA HAP checks your client in the system, it looks like they haven't been using their L-DAP services.
- Your client is taking medication that they received from a friend.

In instances like these, the application can still be eligible for priority approval but you MUST use the comment field in the "Medication Access History" part of the form to explain where and HOW the client has been accessing medication. No further external documentation is needed.

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I submitted a LA HAP application on time for my client, but it hasn't been processed by the LA HAP office yet. Now, my client is in danger of running out of medication. What should I do?

If treatment interruption within 48 hours is a possibility, you may fill out a Priority Review Request Form which will be looked at within that 48 hour span. The situations where a priority review request can be used are:

- when a treatment-experienced client (one who has been compliant with HIV medication for at least one month) will run out of medication within 48 hours because they:
    - have just moved from another state, OR
    - have lost health insurance, OR
    - had their LA HAP enrollment expire, OR
- when a treatment-naïve client has a request from a clinician that they begin HIV medication within 48 hours.

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I believe my client's situation is a priority, but it doesn't fit any of the criteria on the Priority Approval Request Form. Can you make an exception?

The Priority Approval Request Form was created in order for clients in danger of treatment interruption to have a fast lane for services. The form was designed to cover these situations, but all other situations must go through the normal application process. Keep in mind that those people submitting applications at the same time that you do so most likely have expiration dates similar to your own, and it is our policy to treat all applications equally.

We realize that our application turnaround time has been slower than usual lately. Please know that through the addition of new staff members we hope to fix this shortly. Your patience during these past few months has been very much appreciated by all our staff.

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Important dates and deadlines

When does enrollment for LA HAP expire?

Effective March 2015, enrollment expiration for all LA HAP services (both HIP and L-DAP) is based on the application approval date and six months after the application approval date. **This is a recent change, as LA HAP *used* to recertify clients based on their month of birth.**

Note that eligibility is based on the client's *month*, not date, of birth. So, if your application was approved September 3rd you must recertify each year by March 31st and September 30th, not March 3rd and September 3rd.

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I still have several client applications pending with LA HAP from when LA HAP did recertifications based on birth month. What do I need about them?

If you have a client whose new eligibility has been extended to 5/31 or earlier, their existing application will be reviewed to assess their continued LA HAP eligibility past 5/31.

If you have a client whose new LA HAP eligibility is 6/30 or later, you must submit a new application for them up to 3 months prior to their new recertification date.

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How soon before their recertification date can I submit my client's LA HAP application?

Applications for recertification can be accepted starting at 6 weeks prior to the recertification period. If you submit earlier than this 6-week period, LA HAP will:

- Set aside your application to be reviewed on the first eligible date (if recertification date is less than 3 months away) and send you a fax to indicate this, OR
- Send you a fax indicating that the application was not accepted and must be re-submitted at the correct time (if recertification date is more than 3 months away)

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Is there a grace period after eligibility ends?

No. Per HRSA, no grace period may be allowed once a client's eligibility ends. However, provided there is no cap on enrollment, an individual may reapply at any time if their eligibility expires. REMEMBER, charges incurred during the time that an individual is not actively enrolled for LA HAP may NOT be back-billed to or repaid by LA HAP (HIP or LDAP).

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Will LA HAP tell me if my or my client's eligibility has expired?

No, not after eligibility expires. When a client becomes eligible for recertification, they will be informed via mail sent to the mailing address they entered on the LA HAP application (or to their residential address if they didn't enter a separate mailing address on the application). After that, it is their own responsibility to make sure they recertify by the deadline. Case managers can always check the Ramsell system to see whether or not eligibility is current.

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Important documents: LA HAP cards and HIP letters

What is a LA HAP card and who gets one?

The LA HAP card (sometimes called a Ramsell card, as it is sent to the client by Ramsell, LA HAP's Pharmacy Benefits Manager) provides pharmacies with information for a client's drug services. A client will receive a LA HAP card if they are:

- Uninsured and enrolled in LA HAP for full medication assistance; or

- Insured and enrolled in LA HAP for medication copay and deductible assistance (previously provided through HIP/CDAP)

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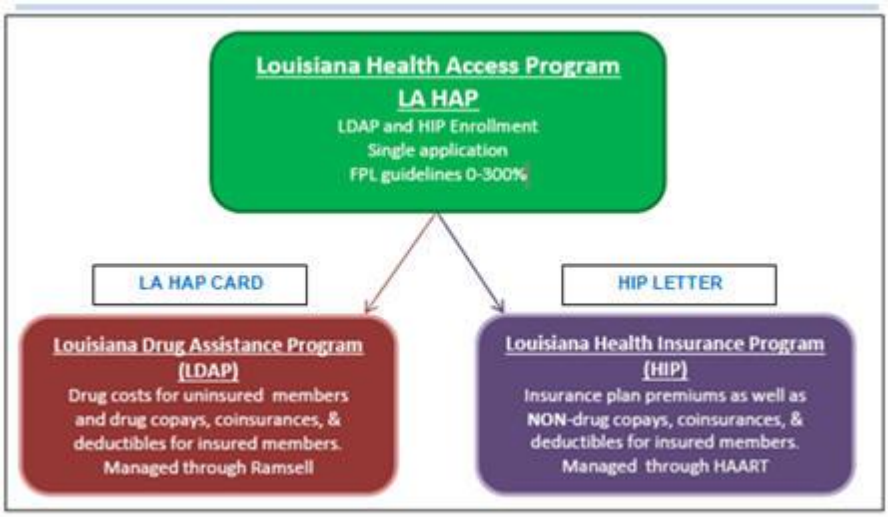
What is a HIP letter and who gets one?

If a LA HAP client is enrolled in HIP for premium assistance and/or medical copay and deductible assistance they will receive a HIP letter. If a client is enrolled in LA HAP for drug services as well as premium assistance and/or medical co-pay and deductible assistance, they will receive both a LA HAP card and a HIP letter. Here's a visual to help.


Louisiana Health Access Program
LA HAP
LDAP and HIP Enrollment
Single application
FPL guidelines 0-300%
LA HAP CARD
HIP LETTER
Louisiana Drug Assistance Program (LDAP)
Drug costs for uninsured members and drug copays, coinsurances, & deductibles for insured members.
Managed through Ramsell
Louisiana Health Insurance Program (HIP)
Insurance plan premiums as well as NON-drug copays, coinsurances, & deductibles for insured members.
Managed through HAART

Please note that clients will not get a copy of this HIP letter unless they are self-referred to LA HAP. Otherwise, HIP letters will be faxed to the referring agency.

Also note that HIP letters won't be sent until LA HAP has received the Member ID /Policy Number and Group Number of the client's insurance plan.

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Will the referring agency get a copy of the LA HAP card?

No, but the agency can make a copy of the card the client receives. Client enrollment can also be checked in the Ramsell system.

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I haven't received a HIP letter yet for my client. What's going on?

First, check the Ramsell system to see if the application has been approved for your client. Then, make sure you have sent the Member ID/policy number and Group number to LA HAP after you receive it from the insurance company. LA HAP does not require a copy of the insurance card but you may send a copy of the

insurance card to LA HAP as a way of providing the Member ID/policy number and Group number to LA HAP. LA HAP will not send HIP letters until they have this information. If you have already done both these things, you can call LA HAP to see where the HIP letter is.

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The Ramsell System

I am a case manager who signed up a client for L-DAP services and then transferred them to a different case manager to enroll in insurance coverage and HIP. Now I've lost access to their record in Ramsell to see if they've been successfully transferred.

LA HAP has discussed this issue with Ramsell and each client record is now able to be linked to two different case managers simultaneously. At the moment, this doesn't work 100% of the time because it is a new feature with Ramsell but it should get better over time. If it continues to be a problem for you, please report it to LA HAP so they can continue to work with Ramsell.

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Who puts information to the Ramsell system?

The initial data in the Ramsell system was loaded from a merging of data from the ADAP database, HIP databases, and CAREWare. All updates to client data in the Ramsell system are made by LA HAP staff.

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Can case managers/clients make any changes via the Ramsell "Edit Profile" button or should the changes be directed back to LA HAP?

Only LA HAP staff can make edits to client data in the Ramsell system. If there is client data that needs to be updated please provide it to LA HAP staff. You can use the Insurance Add/Change form or the general Information Change form located under "Forms and Applications" on this site.

The "Edit Profile" button at the top of the Ramsell screen links to your user profile and you should be able to click on the button to update your own profile information. In the Ramsell system, you can also click on the Help button at the top of the screen. This will bring up 3 tabs, FAQ, User Manual, and Help Desk. In the User Manual tab you should find the EW User Guide which also contains helpful information about how to navigate the system.

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If a client has a record in the Ramsell system does it automatically mean they are eligible for medication assistance?

No, the Ramsell system houses enrollment information for all LA HAP applicants regardless of status or service selection (including those who only applied for HIP services and not medication assistance). To determine if a member is eligible for services, refer to the Application Status on the Eligibility tab. The options you will see in the Application Status field are:

- Applied – Pending (an application has been submitted but the person is not yet eligible for services)
- Applied – Denied (an application has been submitted but the person did not meet eligibility criteria)
- Enrolled – Eligible (an application has been approved and the person is eligible to receive services)
- Ineligible (information has been provided specifying that the person is ineligible for services)

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Do I have to be at my own computer to pull up the Ramsell system?

The Ramsell system is a web based system meaning you can access it from anywhere you have internet access. However, since this system does contain confidential person health information, **the system should never be accessed from a non secure network (such as wifi) and the information contained should never be shared with anyone other than your client service staff who have signed your agency's confidentiality waiver.**

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I am a LA HAP client who manages my own care and I don't have a case manager. Do I have access to the Ramsell system?

At the moment, only case managers have access to the Ramsell system. If you need information from your profile, such as the last time you filled medication, you can call your pharmacy or LA HAP and they will help you over the phone.

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I want to look up information for my client, but I can't see some of the right tabs in the Ramsell system. What's wrong?

If you are using Internet Explorer, your web browser must be set to Compatibility Mode in order to correctly view the Ramsell screen. This is very easy, and instructions are available here. Explorer is the best browser to use if you are experiencing trouble viewing Ramsell, but if it's not an option, ask your IT support to troubleshoot the issue in another browser.

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I can't get LA HAP staff on the phone to resolve an issue and it would be great to communicate with them via Ramsell, for example, through the "Notes" field. Is this a possibility?

Unfortunately, no. The Ramsell system is not a messaging system but is only for recording progress notes. Even LA HAP staff are unable to edit notes once they have been entered and can only add amendments to previous entries. Because LA HAP deals with thousands of clients and there is no notification system with Ramsell to inform LA HAP staff when someone else has edited an entry, sharing information this way may cause it to be overlooked.

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Billing and Mailing

If a co-pay is due at the time of my doctor's visit/prescription pickup, how do I make sure that HIP gets billed and not me?

This will be different depending on what provider/clinic/vendor you are seeing. Some providers are familiar with HIP and will, when you show them your HIP approval letter, bill HIP directly or give you an invoice at the time of your visit to send to HIP. Other providers will require payment at the time of services, so you should always check with your provider before your visit to see what their HIP procedure is. If the provider is not already familiar with HIP, HIP can contact the provider to introduce the program and explain the services offered. The best contact at HIP to explain the program to providers is Katie Dearman, who can be reached at 225-927-1269.

All of this should be cleared with the provider BEFORE the day of the visit to ensure the provider knows NOT to bill the client. Ultimately, it is the provider's choice to accept or refuse payment from HIP on the client's behalf. HIP cannot reimburse clients for anything they pay the doctor themselves.

Click here for a list of the pharmacies in Louisiana which already work with LA HAP.

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Do insurance companies send EOBs (Explanation of Benefits) to clients directly, or to HIP?

EOBs will go directly to the client. It is then the client's responsibility to get their invoices and EOBs to HIP if they need/want assistance with a medical claim cost share.

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What is the deadline for sending bills to HIP for payment?

HIP can pay bills up to 90 days after claim adjudication—this means 90 days after the insurance company paid the provider. After you or your client receives a service or visits a provider, an Explanation of Benefits (EOB) will be sent to them detailing what the insurance company paid to the provider –check the date on this EOB to know when the 90 days began.

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Where should bills and EOBs be sent?

All bills and EOBs should be sent to the HIP office in Baton Rouge. While SHP processes enrollment for HIP from their New Orleans office, they contract with HAART in Baton Rouge for processing of HIP billing. Send to HAART, Attn: HIP, PO Box 66913, Baton Rouge, LA 70896 or fax to (225) 927-1267 Attn: HIP.

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LA HAP is not sending correspondence to the correct address. What do I do?

First, make sure that when you fill out the LA HAP application, you have included the correct address and been as specific as possible: the correct apartment or suite number, etc. Paperwork will be sent to the mailing address which you enter on your application. If your address has changed, fill out the Information Add or Change Form and fax to LA HAP.

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Accessing Healthcare

Will HIP pay for clients to see an out-of-network provider?

It depends on the circumstances. In order for HIP to provide payment assistance, the insurance company must pay on the claim. That means that the insurance company partially covers the cost of the service or visit. Some insurance companies allow their clients to see out-of-network providers and still cover a portion of those services, for example, 50%. In this example, HIP CAN help with costs because the insurance company pays on the claim. Other insurance companies may refuse to cover any services if their client goes out-of-network, leaving the client responsible for 100% of their services costs. In this case, HIP CANNOT help with costs. The Schedule or Summary of Benefits should tell you whether or not the insurance company covers services from Out-of-Network providers.

Remember that HIP is for cost-sharing and/or premium assistance. So, there must be costs "shared" with the insurance company in order for HIP to be able to pay. HIP cannot pay for any service that is not covered by the insurance company's policy at all.

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What services will HIP NOT cover?

The most important thing to remember is that per our HRSA guidelines, HIP funds can ONLY be used for outpatient cost shares. This mean that services such as hospitalization and surgeries cannot be covered by HIP. If a procedure can be performed on an outpatient basis (it's a good idea to ask your provider if this is an option), we can assist with those costs. A service is considered "inpatient," and therefore not covered, if the client is officially admitted to the hospital.

For vision and dental services:

HIP covers	HIP does not cover
Premiums for a stand-alone dental plan	Cost-shares for a stand-alone dental plan
Cost-shares for a stand-alone vision plan	Premiums for a stand-alone vision plan
Cost-shares for a general health plan that includes vision services	Vision services not covered by the health plan
Premiums for a general health or dental plan that includes vision services	

Overall, remember that HIP can only "share cost" with the insurance company, so if a client accesses a service that their insurance company doesn't cover, HIP cannot cover that cost. The insurance company must pay at least part of the claim in order for HIP to pick up the rest.

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What medications are covered by L-DAP?

What is covered by L-DAP depends on your insurance status. For uninsured members, everything on the LA HAP uninsured formulary is covered. If a member is insured, LA HAP can cover the cost of all medication covered by your insurance EXCEPT those categorically excluded by HRSA, which are:

- All over-the-counter (OTC) drugs
- Erectile Dysfunction (ED) drugs
- Nutritional Supplements
- Prescriptions used for cosmetic purposes

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If I'm a HIP client, can I see any doctor I want?

Not necessarily. There are a couple important things to keep in mind: first, your doctor needs to be in the insurance company's network. You can find that out by going to your insurance company's website and searching for your doctor's name, calling your insurance company, or calling your doctor.

Second, you need to make sure that your doctor is aware of HIP and has agreed to work with them. It is every provider's choice whether or not they want to work with HIP. Remember that HIP cannot reimburse you for anything that you pay out of your own pocket, so it is VERY IMPORTANT that you inform your doctor about HIP well before your visit so they can agree to send any bill for your copay, coinsurance or deductible to HIP. The best contact at HIP to explain the program to providers is Katie Dearman, who can be reached at 225-927-1269.

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My doctor wrote me a prescription for 12 months worth of pills. But the pharmacy says they will only fill it for 6 months. What's going on?

For LA HAP clients, the maximum number of refills on medication is 5 (for a 6-month total supply). This is because every client has to be assessed for eligibility every 6 months to make sure they are still eligible for the program. If you are no longer found eligible for LA HAP but the program has already paid your medication costs for the months you are no longer eligible, this is considered by our federal funding source, HRSA, to be a misuse of funds.

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